

**MONTANA BOARD OF HOUSING
REVERSE ANNUITY MORTGAGE
MEDICAL WORKSHEET**

Applicant Name: _____

Address: _____

Co-applicant Name: _____

Address: _____

Anticipated Gross Annual Family Income - Complete Items As Applicable for subsequent 12 month period from date of application:

1. Wages, Salary, Interest, Dividends

\$ _____

2. Attach Verification of Wages
(W-2, Pay Stub, Letter from Employer)

\$ _____

3. Supplemental Security Income (SSI)

\$ _____

4. Social Security Disability Insurance (SSDI)

\$ _____

5. Social Security

\$ _____

6. Pension, Retirement

\$ _____

Total Anticipated Annual Family Income

A: \$ _____

Annual Allowed Non-Reimbursed, On-Going
Medical Living Expenses To Exclude From Above :

\$ _____

1. Hospital in-patient care, Rehabilitation Center,
Nursing Home, Personal Care Facility \$ _____
2. Out-patient care including: Physical Therapy (PT),
Occupational Therapy (OT), Speech therapy (ST),
Out-patient surgery. \$ _____
3. Physicians, Physicians Assistants, Nurse Practitioners,
Chiropractors \$ _____
4. Prescription Drugs/ Dietary Supplements,/
Other necessary over the counter medications. \$ _____
5. Consumable Medical Supplies \$ _____
6. Home Health Services including: PT, OT, ST,
Nursing care, Hospice Service , Personal care assistance. \$ _____
7. Wellness and Health Maintenance Programs \$ _____
8. Health Insurance Premiums \$ _____
9. Other (must identify and explain) \$ _____

**Total Annual Allowed Expenses To Exclude From
Total Gross Anticipated Annual Family Income.**

B: \$ _____

**Total Gross Annual Family Income After Allowed
Non - Reimbursed, On - Going Medical / Vocational /
Independent Living Expenses (A - B)**

C: \$ _____